

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FO	ORM FOR CANDIDATE COMMITTEES
1. Committee ID #: /3 7 7 3 3	10. REPORTING WAIVER REQUEST: If the continues does
2. Type of Filing:	and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be
	automatically lost if the committee exceeds the \$1,000 threshold.
Amendment to Items: Eff. Date: Date:	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan
3. Full Name of Conditione (most most of the 23)00 V	Association)
and last name): COMMITTEE TO Elect CINDY Vezina U 4a. Candidate Full Name (Last, First, M.L.):	a. Official Dapository UP MORGAN Chase BANK
Vezinau, Cindy, Lou	HARPER ST CLAIR SHOKES
4b. Political Party (if applicable):	HARPER, St. Clark Stockes
4c. County of Residence:	b. Secondary Depository
MACOMD 4d. Office Sought (Check one):	B. Secondary Depository
Governor Lt. Governor State Senator State Sen State Senator Attorney Gen.	#02 #02 #02 #03
State Rep. Sec. of State Attorney Gen. State Bd. of Ed. UofM Reg. MSU Trustee	12 This item applies only to Gubernatorial Candidate
WSU Gov. Supreme Court Appeals Court District Court Probate Court	Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.
Municipal Court	13. ELECTRONIC FILING: This item applies to committees that file
Local or other please specify:	with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.
4e. District/Circuit # or Jurisdiction:	Compolar Finance Act requires any committee that files
5. Date Committee was Formed:	with the Secretary of State and spends or receives \$20,000 Hi the
6a. Committee Phone #:	in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.
&c. Committee E-mail Address:	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
7a. Complete Comm. Mailing Address (May be PO Box):	** OR **
	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
7b. Complete Comm. Street Address (May not be PO Box):	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are
8. Treasurer Name and Complete Address:	true, accurate and complete to the best of my/our knowledge of belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee live certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)
	1 1 1 2
Phone #:	Candidate: Candy Lyb-21-
E-mail Address:	
Designated Record Keeper Name and Complete Address:	Current Treasurer.
	Designated Record Keeper (Required only if filing electronically):
Phone #:	06/21/06 WED 09:59 [TX/RX NO 9989]